

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM  
Secretary of State

DOCUMENT # V03233

1. Entity Name  
SHALLOWAY & SHALLOWAY, P.A.



Principal Place of Business  
1400 CENTREPARK BLVD  
SUITE 700  
W PALM BEACH, FL 33401 US

Mailing Address  
1400 CENTREPARK BLVD  
SUITE 700  
W PALM BEACH, FL 33401 US



04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0303115

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SHALLOWAY, G. MARK  
1400 CENTREPARK BLVD  
SUITE 700  
W PALM BEACH, FL 33401

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IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SHALLOWAY, G. MARK  
STREET ADDRESS 1400 CENTREPARK BLVD STE 700  
CITY-ST-ZIP W. PALM BEACH, FL 33401

TITLE STD  
NAME SHALLOWAY, C. MICHAEL  
STREET ADDRESS 1400 CENTREPARK BLVD STE 700  
CITY-ST-ZIP W PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

000000530721  
05/06/06-80010-008 150.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael S. Shalloway*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06

Date

561-686-6200

Daytime Phone #